



REGISTRATION FORM

Please detach and mail this entire form with payment to the address below. You may also access & print out this registration form online at: <http://www.calmentor.org> (click on "California Mentor Summit 2000 Registration Form") & mail it to the address below with payment. Once your registration form is received, you will receive a confirmation postcard in the mail.

**Please mail Registration form
with payment to:**

California Mentor Summit
c/o Red Hen Event Management
3720 E. Anaheim, #201
Long Beach, CA. 90804

Please fill out the following information:

(items with a red * are mandatory; your registration will not be processed without these mandatory items)

SALUTATION: (Please circle one): Dr. Mr. Mrs. Ms.

***NAME:** _____ **TITLE:** _____

ORGANIZATION: _____

*** ADDRESS:** _____

*** CITY:** _____ *** STATE:** _____ *** ZIP:** _____

*** DAY PHONE:** _____ **EVENING PHONE:** _____

*** FAX NUMBER:** _____ **E-MAIL:** _____

Please check one:

PAYMENT ENCLOSED: _____

PAYMENT FORTHCOMING FROM: _____ (source of payment, i.e. waiting for vendor data form to be processed)

\$65.00/person early registration (if received by Sept. 15), \$80.00/person (if received after Sept. 15)

Please make your check payable to: California Mentor Foundation, (Tax I.D. #: 94-3284632)
(Checks only, sorry no cash or credit card payments)

If you need a vendor data form, please fax your request to Red Hen Event Management at:
562/597-8443-FAX & be sure to include your FAX NUMBER & MAILING ADDRESS for response.

Registrants will not be admitted to Summit unless payment has been received prior to Thurs., October 12, 2000. Purchase orders will be accepted but Registrations without payment due to payment processing will not be held more than 30 days.

Please indicate your category of attendance / affiliation (check all that apply):

Quality Approved Mentor Program _____ Non Quality Approved Mentor Program _____

Business Representative _____ Public Agency or Department _____

Other (Please specify) _____

Have you attended the Summit before? If so, please indicate which year(s):

1998 _____ 1999 _____

WORKSHOP SESSION SIGN UP:

Please indicate your workshop preference by writing the reference number of the workshop in the appropriate box below. Choose one workshop from the morning session and one workshop from the afternoon session, as listed on the "Workshops" section of this invitation brochure. (Workshop sign ups are for planning purposes only; reservations are not guaranteed & attendance is based on a first-come, first-serve basis):

WORKSHOP SESSION I: _____ WORKSHOP SESSION II: _____

No registrations accepted after Thurs., October 12, 2000 & registrants will not be admitted to Summit unless payment has been received prior to Thurs., October 12, 2000. There will be no walk-up registrations at Summit. Registrations are accepted in order received, based on space availability. Please register as soon as possible.

Questions? Please contact Red Hen Event Management at:

E-mail: mentorsummitreg@aol.com, 562/597-6808-phone, or 562/597-8443-fax

